



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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C22H

LOBBYIST REGISTRATION FORM

'06 FEB -1 P12:03

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Takayama	Linda	Chu	545-3060
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 1196	Honolulu	Hawaii	96807
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

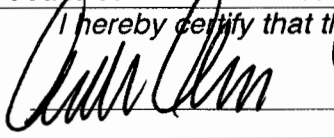
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Cancer Research Center of Hawaii	586-3013
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1236 Lauhala Street	Honolulu Hawaii 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Dr. Carl Vogel	586-3013
MAILING ADDRESS (Street)	(City) (State) (Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

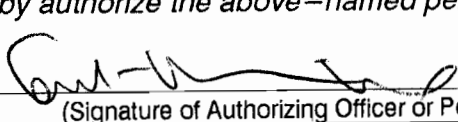
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (Indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 (Signature of Lobbyist) 1/23/06 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Dr. Carl Vogel	Director
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Cancer Research Center of Hawaii	586-3013
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1236 Lauhala Street	Honolulu Hawaii 96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
 (Signature of Authorizing Officer or Person Represented)	1/26/06 (Date)